



Application No. (if known): 09/375,514

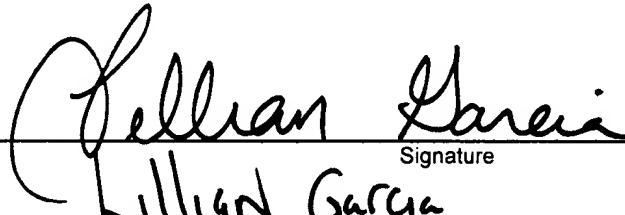
Attorney Docket No.: 20274/1200990-US5

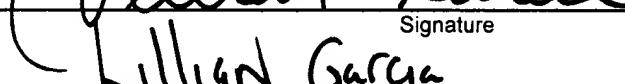
## Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EV691013348-US in an envelope addressed to:

MS AF  
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Alexandria, VA 22313-1450

on August 26, 2005  
Date

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Typed or printed name of person signing Certificate

Registration Number, if applicable

Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Fee Summary Sheet (1 page)

Fee Transmittal; Check No. 9548 in the amount of \$125

One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)

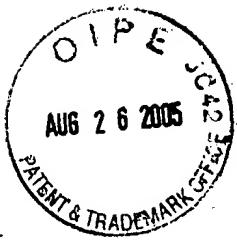
Amendment Transmittal (1 page)

Amendment and Response to Final Office Action (11 pages)

Exhibit A: Terminal Disclaimer by Applicant Attorney (1 page)

Exhibit B: Illustration provided in Figure 8-35 of Molecular Biology of the Cell, 4th ed., Alberts et al. eds., New York: Garland Publishing; 2002

Return Receipt Postcard



## FEE SUMMARY SHEET

### Transmittal -- Amendment

Date: August 26, 2005  
Time: 1:27 PM  
Docket: 20274/1200990-US5

Filing Date: August 17, 1999  
Application No: 09/375,514  
Total Fee: \$ 125.00

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Code	Amount	37 CFR	Fee Description	Listed on
2251	60.00	1.17(a)(1)	Extension for response within first month	Fee Transmittal (PTO SB-17)
2814	65.00	1.20(d)	Statutory Disclaimer	Fee Transmittal (PTO SB-17)



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 125.00)
**Complete if Known**

Application Number	09/375,514-Conf. #5198
Filing Date	August 17, 1999
First Named Inventor	John C. Reed
Examiner Name	T. A. Vivlemore
Art Unit	1635
Attorney Docket No.	20274/1200990-US5

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_  
 Deposit Account Deposit Account Number: 04-0100 Deposit Account Name: Darby & Darby P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity</u> <u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity</u> <u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity</u> <u>Fee (\$)</u>	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**Fee Description

Each claim over 20 (including Reissues)

<u>Small Entity</u>	
<u>Fee (\$)</u>	<u>Fee (\$)</u>
50	25
200	100
360	180

Each independent claim over 3 (including Reissues)

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
30	- 48 =	x	=		
2	- 3 =	x	=		

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
	- 100 =	/50 (round up to a whole number) x	=	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 2251 Extension for response within first month

60.00

2814 Statutory Disclaimer

65.00

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	48,008	Telephone	(212) 527-7634
Name (Print/Type)	Irina E. Vainberg, Ph.D.		Date	August 26, 2005	

Express Mail Label No.

Dated: \_\_\_\_\_

**AMENDMENT TRANSMITTAL LETTER**Docket No.  
20274/1200990-US5Application No.  
09/375,514-Conf. #5198Filing Date  
August 17, 1999Examiner  
T. A. VivlemoreArt Unit  
1635

Applicant(s): John C. Reed

Invention: ANTI-SENSE OLIGONUCLEOTIDES FOR INHIBITING THE GROWTH OF LYMPHOMA  
AND LEUKEMIA CELLS**TO THE COMMISSIONER FOR PATENTS**

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
<b>Total Claims</b>	30	- 48 =		x	
<b>Independent Claims</b>	2	- 3 =		x	
<b>Multiple Dependent Claims (check if applicable)</b> <input type="checkbox"/>					
<b>Other fee (please specify):</b> Extension for response within first month; Statutory Disclaimer					125.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					125.00

 Large Entity Small Entity No additional fee is required for this amendment. Please charge Deposit Account No. \_\_\_\_\_ in the amount of \$ \_\_\_\_\_.  
A duplicate copy of this sheet is enclosed. A check in the amount of \$ 125.00 to cover the filing fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge and credit Deposit Account No. 04-0100  
as described below. A duplicate copy of this sheet is enclosed. Credit any overpayment. Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.  
Irina E. Vainberg  
Attorney Reg. No.: 48,008

Dated: August 26, 2005

DARBY & DARBY P.C.  
P.O. Box 5257  
New York, New York 10150-5257  
(212) 527-7634

Express Mail Label No. \_\_\_\_\_ Dated: \_\_\_\_\_